

EXHIBIT 1

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MULTIDISCIPLINARY EVALUATION SUMMARY REPORT

Name: Samantha Whateley
D.O.B.: 6/5/03
Doctor: Monroe Pediatrics

Date of Evaluation: 2/03/05
Evaluators: Inspire

CORE EVALUATION COMPONENTS:

- ☒ Developmental Assessment
- ☒ Family Assessment
 - ☐ Accepted
 - ☒ Declined
- ☐ Supplemental Evaluation(s): _____
- ☐ Hearing Screening
- ☒ Child Health Form
- ☒ Transportation
 - ☒ Patient has own transportation
 - ☐ Patient transportation is provided by _____

ELIGIBILITY STATEMENT: Samantha, a 1 year 7 month old girl, is eligible to receive Early Intervention services, as she exhibits a 25% delay in two or more domains assessed.

NEEDS IDENTIFICATION: Needs have been identified in the communication, cognitive, social-emotional and physical domains.

DEVELOPMENTAL SUMMARY: [Age equivalencies attached]

Health: Samantha was born after a full term pregnancy, weighing 8 lbs. 11 oz. Medical history is significant for approximately seven to eight ear infections, four of them being double infections. Samantha received an audiological evaluation at Arden Hill Hospital on 12/18/04. Results were inconclusive due to uncooperative behaviors. Recommendation was made at that time for a Brain Stem Auditory Evoked Potential evaluation under sedation. Samantha received such testing at Long Island Jewish Hospital on 12/29/04. Results revealed hearing within normal limits. Developmental milestones were reported to be attained within expectations, with the exception of speech development. Physician's report revealed normal review of systems, with delays in communication and psychosocial skills. Diagnoses included speech delay, cognitive delay and behavioral problems. Immunizations are up to date.

Cognitive (Learning and Play): Skills assessed in this domain are falling below expectations at this time.

Physical (Motor, Vision): Skills assessed in this domain are falling below expectations at this time.

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MULTIDISCIPLINARY DEVELOPMENTAL ASSESSMENT

Name: Samantha Whateley
D.O.B.: 6/5/03

Date of Evaluation: 1/27/05
Evaluating Team: E. Schmidbauer
H. Medican

BACKGROUND: Samantha is a 1 year 7 month old girl who was seen today for evaluation in her home. She was in the company of her parents and grandparents, who served as informants. Ms. Susan Lee, Initial Service Coordinator, was also present, to prepare an IFSP, if needed.

PARENT CONCERNS/EXPECTATIONS: Mrs. Whateley expressed concerns about lack of speech development and inability to consistently follow directions. Samantha does not use any words. She communicates by taking the listener to what she wants or saying "ah." The family is seeking an evaluation to determine the need for any intervention services.

CASE HISTORY/HEALTH: Samantha was born after a full term pregnancy, weighing 8 lbs. 11 oz. Prenatal history was noncontributory. Birth history is significant for suctioning of muconium and administration of oxygen for one hour. Samantha suffered from colic for approximately three months, crying for five to six hours daily. Medical history is significant for approximately seven to eight ear infections, four of them being double infections. Samantha received an audiological evaluation at Arden Hill Hospital on 12/18/04. Results were inconclusive due to uncooperative behaviors. Recommendation was made at that time for a Brain Stem Auditory Evoked Potential evaluation under sedation. Samantha received such testing at Long Island Jewish Hospital on 12/29/04. Results revealed hearing within normal limits. Developmental milestones were reported to be attained within expectations, with the exception of speech development. Physician's report revealed normal review of systems, with delays in communication and psychosocial skills. Diagnoses included speech delay, cognitive delay and behavioral problems. Immunizations are up to date.

ASSESSMENT: Please see appendix for Assessment Tools used during this evaluation.

COGNITIVE DEVELOPMENT: Skills assessed in this domain are falling below expectations at this time. Samantha does not engage in symbolic play activities with dolls or toys. She does not attempt to imitate adult household tasks or other activities. Samantha would not imitate clapping hands after the examiner, though it was reported she is able to do so. She was able to retain two of three objects offered, if interested in them, and could move around obstacles to obtain a desired item. Samantha did not pull a string to obtain a toy, or invert a small container to retrieve an object within. She showed a keen interest in sounds of objects. Simple problem solving skills were evident, through comprehension of the concepts of object permanency, means-end and cause/effect relationships with toys or objects. Samantha did not stack blocks or rings, sort shapes or nest cans. She will look at pictures in books and turn pages, though is more responsive and attentive when she initiates the activity. All play noted appeared to be self

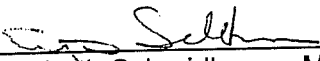
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Communication (Speech and Language, Hearing): Skills assessed in this domain are falling below expectations at this time. Vocalizations appear to be self-stimulatory in nature, rather than communicative in intent. Oral motor skills should be monitored. Brain Stem Auditory Evoked Potential testing revealed hearing within normal limits. Samantha was noted to turn or search for noisemakers presented out of her visual field, though did not respond consistently to conversational speech.

Adaptive (Self-Help and Feeding): Overall skills assessed in this domain are developing within expectations at this time.

Social-Emotional (Relationships and Feelings): Skills assess in this area are falling below age expectations at this time.


Elizabeth Schmidbauer, MS, CCC-SLP
Lic. Speech-Language Pathologist

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directed and/or sensory based, as opposed to interactive in nature. Samantha primarily banged, mouthed, shook or threw objects presented to her. She reportedly enjoys looking in a mirror, though did not show an interest when presented with one during assessment. Samantha stimulates on toys that are very noisy or have bright lights. She will stare at such toys and shake her head back and forth. She will also put things on her head, such as a basket, and shake her head side to side. Samantha also enjoys spinning toys or watching toys spin around on her kitchen floor. She has just begun to tolerate people approaching her to give her a kiss.

PHYSICAL DEVELOPMENT:

Vision: Samantha made only fleeting eye contact with the evaluators after a lengthy warm up period. Her mother reports that she will make eye contact with family members inconsistently and that this is a fairly recent development. She was observed to visually attend to toys and objects that interested her and she visually scanned her environment. Visual skills are delayed, particularly with regard to her eye contact with other people.

Gross Motor: Samantha is able to walk, run and climb independently. She often walks on her toes. Muscle tone and range of motion appear to be within functional limits. Balance and protective reactions are also functional. She uses a bear stance to get up to standing from the floor. She can carry large objects while walking and demonstrates "fearless" movement behaviors with no regard for safety. She was observed to frequently crash into the living room railing with her back and slide down it onto the floor. She can balance on one foot and kick a ball. Samantha can climb into an adult chair, turn around and sit down. She reportedly goes up stairs by crawling and goes down by holding the railing and stepping down. She can move a ride on toy with her feet. Gross motor skills are developing at, or close to age expectations.

Fine Motor: Samantha uses both hands freely in space and does not yet demonstrate a preference for either hand for fine motor tasks. She demonstrates scattered skills through the 18-23 month skill with an age equivalent of 13 months. She can take rings off a ring stack, tear paper, isolate her index finger for poking, release cubes (but not into a container), turn pages of a book, dump pellets and pick up two cubes in one hand. She can pull her socks off to study her feet and separate pop beads. She will look for a hidden object if it is something she is interested in. Samantha does not yet place many objects into a container, build a tower of two or more cubes, imitate a scribble, or place pegs into a pegboard or shapes into a shape board. These skills, and more, are all expected at her age. She was observed to pick up small pellets (cheerios) with an immature lateral two-point grasp, but usually used the even less mature raking motion. Fine and visual motor skills are significantly delayed (6 months – 32%).

Hearing: Samantha received a Brain Stem Auditory Evoked Potential evaluation at Long Island Jewish Hospital on 12/29/00004. Results were within normal limits. Behavioral responses noted to sound stimuli presented from the Hear Kit screener included localization and reaching for the sound source.

ADAPTIVE DEVELOPMENT: Overall skills assessed in this domain are developing within expectations at this time. Samantha cooperates with dressing by extending an arm or a leg. She can remove a hat, socks and shoes, and is beginning to pull down a zipper. Sleep patterns are consistent with age expectations. Samantha explores cabinets and drawers, and can open a doorknob. She drinks from a sippy cup and through a straw. Observation of straw drinking

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noted lip closure to be attained, though lip rounding was minimal. Biting on the straw was inconsistently observed. When eating a pretzel and cheerios, Samantha was noted to utilize a modified munching pattern, with inconsistent lateralization of the tongue. Food placement was directed towards the molars approximately half of the time. Samantha prefers crunchy and salty foods, though does eat other textures provided. She scoops with a spoon, but will not use a fork. Samantha takes one bottle at night, and no longer uses a pacifier. Interactive skills are very limited. Samantha did not attend to or follow directives presented by the examiners. She did not look for adult approval or give eye contact. Samantha did not react in any way to her shoulder being continually tapped by the examiner. She ignored the movement on her body, continuing to bang beads together.

COMMUNICATION DEVELOPMENT: Skills assessed in this domain are falling below expectations at this time. Samantha does not show understanding of words by appropriate behavior or gesture. She does not comprehend labels for family members or common objects. Samantha does not respond to simple verbal requests, paired with a gesture or visual cue. She did not give an object to the examiner on request, when presented with an open hand cue. Samantha was not able to point or retrieve common objects from a choice of two. She does not consistently respond to her name. When she does respond, she turns to the speaker. Eye contact noted during assessment was minimal. Mrs. Whateley reported this is consistent with usual behavior. Samantha can give eye contact, though frequently does not. She does not comprehend or indicate any basic semantic relations of emerging language i.e. occurrence, reoccurrence, cessation, negation, possession, location.

Expressive language skills are delayed. Samantha does not have labels for her parents or common environmental objects, toys or food. She does not imitate any sounds or participate in vocal play activities. Spontaneous vocalizations both observed and reported consist of a variety of vowels, lingual-dental sounds ("t," "d," "n") and velar sounds ("k," "g"). Bilabial production was more limited ("m"). Sounds requiring airflow or lip rounding were not noted. She will often say "yeay" during play activities, using a rising intonation. Samantha appears to enjoy the sensory stimulation of some vocalizations. It was reported she will put her chin down and repeatedly produce a guttural noise, seeming to enjoy the vibratory feedback she experiences. Samantha does not use or direct her speech towards others. Vocalizations appear to be self-stimulatory in nature, rather than communicative in intent. Mrs. Whateley reported that at approximately 11 months of age, Samantha appeared to be on the verge of talking, producing an approximation of "kitty cat" and raising her arms in her crib towards her mother and saying "mama." She stopped these verbalizations at approximately 12 months of age. Samantha will wave "bye bye," though not always upon request. She waves backwards, inspecting her hand as it moves. If a desired object is not given to her immediately, Samantha will scream and attempt to grab it until it is provided to her.

Oral motor skills could not be directly assessed due to uncooperative behaviors. Samantha did not attend to her mirror image, or engage in any vocal play activities. A toy microphone and noise producing toys and puzzles did not facilitate vocalizations. Some open mouth posture was noted during play and rest. Drooling was not evident. Samantha kisses with an open mouth posture, with tongue protrusion. Lip closure was noted during straw drinking, but lip rounding was not. Oral motor skills should be monitored.


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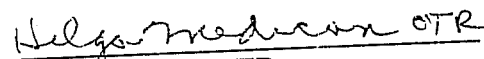
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SOCIAL EMOTIONAL DEVELOPMENT: Samantha explores her environment freely with no regard for her safety. She was observed to often go to her mother for deep pressure input throughout the session but appeared to be unaware of her at other times. She reportedly recognizes several people in addition to family members but did not appear to recognize herself in a mirror or in pictures. Samantha can be affectionate with her family and will hug and kiss them. She reportedly knows what "No" means and will react to it. She will laugh if other people are laughing (in imitation) but has no idea about what the laughter is for. She is easily distractible but also gets stuck on repetitive actions (such as shaking pop beads or running up and down the hallway). She can repeat sounds or gestures if she is laughed at. Her mother reports that Samantha will make noises and get louder if there is more noise in the room than she is making. She also reportedly self stimulates on flashing lights (from toys, etc.). Observation of her spontaneous play revealed that she enjoys deep pressure, vibration and playing in enclosed spaces (such as inside her toy chest). Her mother also reports that Samantha enjoys being surprised – having someone hide on her and then surprise her with a "Boo". Social emotional skills are significantly delayed.

CONCLUSIONS/ELIGIBILITY: Samantha is eligible to receive Early Intervention services, as she exhibits a 25% delay in two or more domains assessed. Weaknesses are noted with communication, cognitive, fine and gross motor skills. Vocalizations and play activities appear to be more self directed and self-stimulatory rather than interactive. Mrs. Whateley considered today's performance to be typical for Samantha.

NEEDS IDENTIFICATION: Needs have been identified in the communication, cognitive, social-emotional and physical domains. Today's results were discussed with the family.


Elizabeth Schmidbuaer, MS, CCC-SLP
Lic. Speech-Language Pathologist


Helga Medican, OTR
Registered Occupational Therapist

APPENDIX: STANDARDIZED TESTING

Name: Samantha Whately Date of Testing: 1/27/05
 D.O.B.: 6/5/03

- ☒ **The Hawaii Early Learning Profile (HELP Strands) and The Early Learning Accomplishment Profile (ELAP)** consist of developmental skills and behaviors listed by chronological age levels from 0 to 36 months. We use these to assess a child's progress in six areas of development. Your child's performance ranges were these:

Cognitive: 12-15 mos
 Communication: Receptive: 12 mos
 Expressive: 8-10 mos
 Speech sounds: 8-10 mos
 Gross Motor: 15-18 mos
 Fine Motor: 12-14 mos
 Social-emotional: 12-15 mos
 Self-Help: 19 mos

- ☐ **The Receptive-Expressive Emergent Language Scale (REEL-3)** is an assessment of communication behaviors based on parents' report of a child's performance. A "score" between 85 and 115 is within a normal range; a Percentile Rank between 15 and 85 is within a normal range. Your child's performance was ranked this way:

Receptive Language Ability Score: < 55 Percentile Rank: < 1
 Expressive Language Ability Score: < 55 Percentile Rank: < 1
 Total Language Ability Score: 46 Percentile Rank: < 1

- ☒ **Peabody Developmental Fine Motor Scale** looks at a child's ability to perform functional tasks, focusing on fine motor and visual perceptual skills. Results are translated into a fine motor skill age based on standardized results. Your child's performance ranges are these: AE = 13 mos

- ☐ **Peabody Gross Motor Scale** assesses gross motor functioning in children from birth up to 83 months of age. Your child's performance ranges are these: _____

- ☐ **The Preschool Language Scale (PLS-4)** is a measure of language comprehension and expression based on a child's responses to tasks involving pictures and specific activities with toys. A Standard Score between 85 and 115 is within a normal range. Your child's performance was ranked this way:

Auditory Comprehension Standard Score: _____
 Expressive Communication Standard Score: _____
 Total Language Standard Score: _____